

## WAVELAND

# OCCUPANCY CERTIFICATE

that at the time of issuance this structure was in compliance with the various ordinances of the This Certificate issued pursuant to the requirements of the Standard Building Code certifying Jurisdiction regulating building construction or use. For the following:

**Building Address 4010 CASPIAN ST** DAVID BOURGEOIS

City, State Zip

BAY ST LOUIS, MS 39520

Permit No.

Certificate No. C00632

Security ID:

Expires:

END OF OCCUPANCY

POST IN A CONSPICUOUS PLACE

Comments:

2008 1909
Recorded in the Above
Deed Book & Page
01-22-2008 11:45:12 AM
Timothy A Kellar
Hancock County

on this 22 day of Sange 2008, within my jurisdiction, the within named and the lody who acknowledged that They executed the above and foregoing instrument.

Benryevis

#### WAVELAND

### NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

Bay St. Louis, MS. 35520

This DECLARATION made this 2 2 day of Jan , 2008, by DA wid + Mclody, Bourges; S ("Owner") having an address at

Personally appea	pi, County of Hancock red before me, the undersigned or the said county and state,
In witness whereof the undersigned set their hands and seals this 32 day of 5 huary 2008	Chancery Clerk
7. Other conditions:	Timothy A. Kellar
6. A duly appointed representative of the City is authorized to enter the properly for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.	
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.	
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.	
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.	
2. At this site, the Base Flood Elevation is $9.0$ feet above mean sea level, National Geodetic Vertical Datum.	
1. The structure or part thereof to which these conditions apply is:	
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:	
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner his heirs, personal representatives, successors, future owners, and assigns.	er,
WHEREAS, the Owner is the record owner of all that real property located at 1382-0-33-360. In the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as 275 34, 35, 38439 Slock II 8, Shor WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Numb 325 and under Permit Number	17A1

My Commission Expires Dec. 31, 2011

#### U.S. DEPARTMENT OF HOMELAND SECURITY

**ELEVATION CERTIFICATE** 

OMB No. 1660-0008 Expires February 28. 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

lational Flood Insurance Pro	gram	important.	Tread the ma	a dollorio on p	.ag		
			TION A - PROF	ERTY INFORM	MATION		Company Use:
A1. Building Owner's Name	DAVID L. BOU	JRGEOIS, SR.				Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company NAI	C Number		
City BAY ST. LOUIS	State MS ZI	P Code 39520				=	
A3. Property Description (L LOTS 24, 25, 28 & 29, BLO	ot and Block Nur CK 118, SHORE	mbers, Tax Parcel N LINE PARK SUBDI	lumber, Legal De VISION, Unit No.	scription, etc.) 7, Addition 1, HA	ANCOCK COUNTY,	MISSISSIPPI	
A4. Building Use (e.g., Res A5. Latitude/Longitude: Lat A6. Attach at least 2 photo A7. Building Diagram Numl A8. For a building with a cr a) Square footage of b) No. of permanent f enclosure(s) walls c) Total net area of flo	30.3082 Long graphs of the bui oer 5 awl space or encorawl space or encorawl space or endod openings in within 1.0 foot ab	89.3930 Iding if the Certificate closure(s), provide aclosure(s) the crawl space or ove adjacent grade	e is being used t	O obtain flood ins A9. For a a) S b) N		tached garage od openings in the above adjacent gra	vide: <u>N/A</u> sq ft attached garage de <u>N/A</u>
	SECT	ION B - FLOOD	INSURANCE F	RATE MAP (FI	RM) INFORMATIO	ON	
B1. NFIP Community Name HANCOCK COUNTY 28	& Community N 5254	umber	B2. County Nan HANCOCK CO			B3. State MISSISSIPPI	
B4. Map/Panel Number 285254-0145	B5. Suffix	B6. FIRM Index Date 8/18/92	Effective	IRM Panel /Revised Date /18/87	B8. Flood Zone(s) A-8		od Elevation(s) (Zone base flood depth) 9.0'
Is the building located Designation Date			☐ CBRS	☐ OPA			⊠No
	SECTIO	N C - BUILDING	ELEVATION IN	FORMATION	(SURVEY REQU		2.
<ol> <li>Building elevations are land *A new Elevation Certification</li> <li>Elevations – Zones A1-land below according to the land Benchmark Utilized RN Conversion/Comments</li> </ol>	cate will be requi A30, AE, AH, A ( ouilding diagram	with BFE), VE, V1-V specified in Item A7	on of the building /30, V (with BFE)			☐ Finished C	
Conversion/Comments	Certai III				Check the measur	rement used.	
d) Attached garage (t e) Lowest elevation o (Describe type of e	her floor st horizontal stru op of slab) f machinery or ec quipment in Con	ctural member (V Zo quipment servicing to nments)	ones only)	N/A. ⊠ N/A. ⊠ N/A. ⊠ 9.00 ⊠	feet	erto Rico only) erto Rico only) erto Rico only) erto Rico only)	
<ul> <li>f) Lowest adjacent (fing)</li> <li>g) Highest adjacent (final final final</li></ul>		various and a second			feet  meters (Pu		
g/gest adjacont (i							
This certification is to be signiformation. I certify that the I understand that any false  Check here if comments	gned and sealed the information on statement may b	this Certificate repre e punishable by fine	engineer, or arch	itect authorized I	by law to certify elevathe data available.	vation	L. SAME
Certifier's Name KRISTI L	SANFORD			License Numbe	r 2998	Si	ENGINEER F
Title PROFESSIONAL LAI		Company Na	me SANFORD			A.S.X	SURVEYOR
Address P. O. BOX 1719		City ESCAT			Code 39552		PE 16471 PS 2998
Signature Signature	Mante.	Date JULY 5, 200		e 228-475-4787		- Alle	OF MISS

IMPORTANT: In these spaces, of	copy the corresponding informat	ion from Section A.	For Insurance Company Use:
	., Unit, Suite, and/or Bldg. No.) or P.O. I		Policy Number
City BAY ST. LOUIS State MS ZIP	Code 39520	= 3	Company NAIC Number
SECTION	I D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICA	TION (CONTINUED)
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ficate for (1) community official, (2) insu		
Comments FINISHED FLOOR ELEVATION IS 9.00+; COMM M.S.L.	ATIONS ARE PROPOSED ONLY; NO I	BUILDING IN PLACE AT THIS FFLOOR ELEVATION IS 13.0	S TIME; FEMA REQUIREMENT FOR LOWEST 10+; AVERAGE GROUND ELEVATION IS 7.50+
Signature Kristi L. Man	Whid	Date 7/05/06	☐ Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SURVE)	NOT REQUIRED) FOR Z	ONE AO AND ZONE A (WITHOUT BFE)
<ul> <li>and C. For Items E1-E4, use natural general series.</li> <li>E1. Provide elevation information for grade (HAG) and the lowest adjact a) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-8 with processing for E2. Top Building Diagrams 6-8 with processing for E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth</li> </ul>	grade, if available. Check the measurer r the following and check the appropriate acent grade (LAG). basement, crawl space, or enclosure) is basement, crawl space, or enclosure) is bermanent flood openings provided in So of the building is feet feet meters d/or equipment servicing the building is	ment used. In Puerto Rico only be boxes to show whether the e  g feet g feet g feet g feet g below the HA g feet meters feet g above or g feet meters feet	meters  above or  below the highest adjacent meters  above or  below the HAG. meters  above or  below the LAG. page 8 of Instructions), the next higher floor below the HAG. AG. eters  above or  below the HAG. nce with the community's floodplain management
SECTION	I F - PROPERTY OWNER (OR OW	MED'S DEDDESENTATIV	(E) CERTIFICATION
	ements in Sections A, B, and E are corre		vithout a FEMA-issued or community-issued BFE) e.
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachmen
	SECTION G - COMMUNITY	INFORMATION (OPTION	AL)
	w or ordinance to administer the communities the applicable item(s) and sign be		ordinance can complete Sections A, B, C (or E),
1. The information in Section C v	was taken from other documentation tha	t has been signed and sealed	by a licensed surveyor, engineer, or architect who
	elevation information. (Indicate the sound ad Section E for a building located in Zor		
	ms G4G9.) is provided for community f		
G4. Permit Number	G5. Date Permit Issued	G6. Date Certific	ate Of Compliance/Occupancy Issued
7. This permit has been issued for:	☐ New Construction ☐ Subs	stantial Improvement	
8. Elevation of as-built lowest floor (inc	6-17-18. A 6-1-16	feet	PR) Datum
9. BFE or (in Zone AO) depth of flooding	ng at the building site:	feet meters (	PR) Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments			
			☐ Check here if attachmen

#### U.S. DEPAR (MENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28. 2009

Important: Read the instructions on pages 1-8.

rational local mountaines i regiam	portania		,	3	
65) San	SECT	ION A - PROP	ERTY INFORM	ATION	For Insurance Company Use:
A1. Building Owner's Name DAVID L. BOURGEOIS, SR. Po					Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4010 CASPIAN STREET					Company NAIC Number
City BAY ST. LOUIS State MS ZI	P Code 39520				
A3. Property Description (Lot and Block Nu LOTS 24, 25, 28 & 29, BLOCK 118, SHORE	mbers, Tax Parcel N LINE PARK SUBDIN	umber, Legal Des /ISION, Unit No.	scription, etc.) 7, Addition 1, HAI	NCOCK COUNTY, I	MISSISSIPPI
<ul> <li>A4. Building Use (e.g., Residential, Non-Re</li> <li>A5. Latitude/Longitude: Lat. 30.3082 Long</li> <li>A6. Attach at least 2 photographs of the building Diagram Number 5</li> <li>A8. For a building with a crawl space or end</li> <li>a) Square footage of crawl space or end</li> <li>b) No. of permanent flood openings in</li> </ul>	. 89.3930 Iding if the Certificate closure(s), provide nclosure(s) the crawl space or	e is being used to	obtain flood insu A9. For a l a) Sq b) No	rance. ouilding with an atta juare footage of atta o. of permanent flood	d openings in the attached garage
enclosure(s) walls within 1.0 foot ab c) Total net area of flood openings in A		N/A sq in			oove adjacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in
	FION B - FLOOD I			AND DESCRIPTION OF THE PERSON NAMED IN	
				III, IIII ORINATIO	
B1. NFIP Community Name & Community N HANCOCK COUNTY 285254	lumber	B2. County Nam HANCOCK COU			B3. State MISSISSIPPI
B4. Map/Panel Number B5. Suffix 285254-0145 C	B6. FIRM Index Date 8/18/92	Effective/	RM Panel Revised Date 18/87	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 9.0'
☐ FIS Profile ☐ FIRM  B11. Indicate elevation datum used for BFE  B12. Is the building located in a Coastal Barr		GVD 1929	] Other (Describe ] NAVD 1988 r Otherwise Prote	Other (Describe	e) □Yes ⊠No
Designation Date		` CBŔS	☐ OPA		- 1 1 1 m
SECTIO	N C - BUILDING I	LEVATION IN	FORMATION (	SURVEY REQUIF	RED)
<ul> <li>C1. Building elevations are based on:     *A new Elevation Certificate will be requi</li> <li>C2. Elevations – Zones A1-A30, AE, AH, A (below according to the building diagram Benchmark Utilized RM-31 Vertical Data Conversion/Comments</li> </ul>	with BFE), VE, V1-V specified in Item A7.	on of the building 30, V (with BFE),			☐ Finished Construction  H, AR/AO. Complete Items C2.a-g
Conversion/Comments				Check the measure	ment used.
a) Top of bottom floor (including basement, b) Top of the next higher floor c) Bottom of the lowest horizontal stru d) Attached garage (top of slab) e) Lowest elevation of machinery or ed (Describe type of equipment in Com f) Lowest adjacent (finished) grade (L g) Highest adjacent (finished) grade (H	ctural member (V Zo quipment servicing th nments) AG)	nes only) ne building	N/A.         ⋈ fe           N/A.         ⋈ fe           N/A.         ⋈ fe           N/A.         ⋈ fe           9.00         ⋈ fe	meters (Pue tet   meters (Pue	rto Rico only)
SECTION	ON D - SURVEYO	R, ENGINEER,	OR ARCHITEC	CT CERTIFICATION	ON
This certification is to be signed and sealed information. I certify that the information on I understand that any false statement may be Check here if comments are provided or	by a land surveyor, e this Certificate repre e punishable by fine	engineer, or archi	ect authorized by forts to interpret th	ı law to certify eleva ne data available.	
Certifier's Name KRISTI L. SANFORD			License Number 2	2998	S SAMPLEYOR
Title PROFESSIONAL LAND SURVEYOR	Company Na	me SANFORD I	AND SURVEYIN	G	PE 16471
Address P. O. BOX 1719	City ESCATA	AWPA	State MS ZIP (	Code 39552	P8 2998 S

Telephone 228-475-4787

Date DECEMBER 13, 2006

IMPORTANT: In these spaces, c	opy the corresponding in	formation from S	ection A.	Fo	r Insurance Compar	ny Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4010 CASPIAN STREET					Policy Number		
City BAY ST. LOUIS State MS ZIP C	ode 39520			Co	mpany NAIC Numb	er	
SECTION	D - SURVEYOR, ENGINEE	R, OR ARCHITE	CT CERTIFICATION	ON (CONTIN	UED)		
Copy both sides of this Elevation Certif	icate for (1) community official	(2) insurance agent	company and (3) by	uilding owner			
Comments FEMA REQUIREMENT FO					WEST ELOOP ELE	VATION IS	
13.00+; LOWEST FLOOR ELEVATION		10 N 13 9.00+, COM	MONTH NEGOTIEN	MENT I OK LO	WEST FLOOR ELE	VATION IS	
Signature Kristi X. Man	wford	Date 12	2/13/06	2 kg	☐ Check here i	if attachments	
SECTION E - BUILDING ELEV		URVEY NOT REC	UIRED) FOR ZO	NE AO AND	CHARLES AND ADDRESS OF THE OWNER,	Marian Street, Spinish Street,	
For Zones AO and A (without BFE), co and C. For Items E1-E4, use natural get. Provide elevation information for grade (HAG) and the lowest adja a) Top of bottom floor (including b) Top of platform of machinery and E5. Zone AO only: If no flood depth ordinance?	grade, if available. Check the methe following and check the applicant grade (LAG). basement, crawl space, or encludermanent flood openings provide of the building is feet red/or equipment servicing the building the b	neasurement used. propriate boxes to slosure) is osure) is ded in Section A Item	n Puerto Rico only, now whether the election feet meters and/or 9 (see pass above or meters) feet meters meters are meters.	enter meters.  vation is above eters  above eters  above age 8 of Instruct below the HAG below the HAG c.  rs  above on e with the com-	or below the highes e or ☐ below the H e or ☐ below the L tions), the next high	st adjacent AG. AG. ner floor	
SECTION	F - PROPERTY OWNER (	OR OWNER'S RE	PRESENTATIVE	) CERTIFICA	TION		
The property owner or owner's authoriz or Zone AO must sign here. <i>The state!</i> Property Owner's or Owner's Authorize	ments in Sections A, B, and E a			nout a FEMA-is	sued or community-	issued BFE)	
Address		City		State	ZIP Code	**	
Signature		Date		Telephone			
Comments		yes and the control of the control o		e c		State	
			(1)	ева	Chock bore	e if attachments	
	SECTION G - COMM	MUNITY INFORMA	TION (OPTIONA			e ii attaciinients	
is authorized by law to certify 62.  A community official complete	w or ordinance to administer the plete the applicable item(s) and was taken from other document elevation information. (Indicate d Section E for a building locate as G4G9.) is provided for com	I sign below. Check ation that has been so the source and date and in Zone A (withou	the measurement usigned and sealed by of the elevation date a FEMA-issued or	sed in Items Ga y a licensed su ta in the Comm community-issa	8. and G9. rveyor, engineer, or ents area below.)	architect who	
G4. Permit Number	G5. Date Permit Issued	1	G6. Date Certificate	e Of Compliand	ce/Occupancy Issue	d	
67. This permit has been issued for: 68. Elevation of as-built lowest floor (inc 69. BFE or (in Zone AO) depth of floodin	luding basement) of the building		ovement feet				
Local Official's Name		Title		9	=		
Community Name		Telep	hone				
Signature		Date					
Comments							
1,65							
					☐ Check her	e if attachments	

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8

National Flood Insurance Program Important. Read the if	nstructions on pages 1-8.	
SECTION A - PRO	PERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name DAVID L. BOURGEOIS, SR.		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 4010 CASPIAN STREET	O. Route and Box No.	Company NAIC Number
City BAY ST. LOUIS State MS ZIP Code 39520		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal I LOTS 24, 25, 28 & 29, BLOCK 118, SHORELINE PARK SUBDIVISION, Unit N	Description, etc.) o. 7, Addition 1, HANCOCK COUNTY, N	MISSISSIPPI
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. 30.3082 Long. 89.3930 A6. Attach at least 2 photographs of the building if the Certificate is being used A7. Building Diagram Number 5 A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b	Horizontal Datum: to obtain flood insurance.  A9. For a building with an attac a) Square footage of attac b) No. of permanent flood walls within 1.0 foot about	ched garage, provide: ched garage <u>N/A</u> sq ft openings in the attached garage ove adjacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in
SECTION B - FLOOD INSURANCE		
B1. NFIP Community Name & Community Number HANCOCK COUNTY 285254  B2. County Na HANCOCK CO		B3. State MISSISSIPPI
	FIRM Panel B8. Flood /e/Revised Date Zone(s) 9/18/87 A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood d		9.0
☐ FIS Profile ☐ FIRM ☐ Community Determined	Other (Describe)	
B11. Indicate elevation datum used for BFE in Item B9: ⊠ NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area Designation Date	☐ NAVD 1988 ☐ Other (Describe) a or Otherwise Protected Area (OPA)? ☐ OPA	) □Yes ⊠No
SECTION C - BUILDING ELEVATION I	NFORMATION (SURVEY REQUIR	ED)
<ul> <li>Building elevations are based on:</li></ul>	Service and a ferritary and a ferritary	☑ Finished Construction
	Check the measurem	nent used.
Top of bottom floor (including basement, crawl space, or enclosure floor)_ b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG)	17.600         ⋈         feet         □         meters (Puert N/A.         feet         □         feet         □	o Rico only)
SECTION D - SURVEYOR, ENGINEER	R, OR ARCHITECT CERTIFICATIO	N
This certification is to be signed and sealed by a land surveyor, engineer, or arc information. I certify that the information on this Certificate represents my best of I understand that any false statement may be punishable by fine or imprisonment.  Check here if comments are provided on back of form.	hitect authorized by law to certify elevation efforts to interpret the data available.	
Certifier's Name KRISTI L. SANFORD	License Number 2998	- SEALER
Title PROFESSIONAL LAND SURVEYOR Company Name SANFORD	LAND SURVEYING	CLIPVEYOR :

ZIP Code 39552

Telephone 228-475-4787

State MS

City ESCATAWPA

Date JANUARY 24, 2008

Address P. O. BOX 1719

IMPORTANT: In these spaces, co				For Insurance Company Use: Policy Number
Building Street Address (including Apt., 4010 CASPIAN STREET	Onit, Suite, and/or Bidg. No.) or P.O.	Noute and box No.		olicy Nulliber
City BAY ST. LOUIS State MS ZIP Code 39520				Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER, O	R ARCHITECT CERTIF	ICATION (CONT	NUED)
Copy both sides of this Elevation Certific	cate for (1) community official, (2) ins	surance agent/company, an	d (3) building owne	
Comments FEMA REQUIREMENT FO 13.00+; LOWEST FLOOR ELEVATION 12.600+ M.S.L.	R LOWEST FLOOR ELEVATION IS IS 17.600+ M.S.L; ELEVATION OF	9.00+; COMMUNITY REG A/C PLATFORM IS 16.300	QUIREMENT FOR L +; ELEVATION OF	OWEST FLOOR ELEVATION IS BOTTOM OF METER BOX IS
Signature Kristo L. Xa	unloyed	Date 01/24/08		☐ Check here if attachments
	ATION INFORMATION (SURVE	Y NOT REQUIRED) FO	R ZONE AO AN	
<ul> <li>b) Top of bottom floor (including be</li> <li>E2. For Building Diagrams 6-8 with per (elevation C2.b in the diagrams) of the control of the control</li></ul>	rade, if available. Check the measure the following and check the appropriate the following and check the appropriate the following and check the appropriate the following is assement, crawl space, or enclosure) ermanent flood openings provided in of the building is feet meters for equipment servicing the building is	ement used. In Puerto Rice ate boxes to show whether is feet is feet Section A Items 8 and/or 9 eet meters above above or below the s feet cottom floor elevated in accordance.	o only, enter meters the elevation is about meters about meters about see page 8 of Instruction below the HAG. meters above cordance with the cordance with the cordance with the cordance meters.	ve or below the highest adjacent  ove or  below the HAG.  ove or  below the LAG.  ructions), the next higher floor  or  below the HAG.
SECTION	F - PROPERTY OWNER (OR O	WNER'S REPRESENT	ATIVE) CERTIFIC	ATION
The property owner or owner's authorized or Zone AO must sign here. <i>The staten</i> Property Owner's or Owner's Authorized	nents in Sections A, B, and E are cor			-issued or community-issued BFE)
Address		City	State	ZIP Code
Signature		Date	Telephone	*
Comments				
	SECTION G - COMMUNIT	V INFORMATION (OR	101111	Check here if attachments
is authorized by law to certify e	or ordinance to administer the comm	munity's floodplain manage below. Check the measure hat has been signed and se burce and date of the eleval one A (without a FEMA-iss	ment ordinance can ment used in Items ealed by a licensed tion data in the Com ued or community-is	G8. and G9. surveyor, engineer, or architect who iments area below.)
G4. Permit Number	G5. Date Permit Issued	G6. Date Ce	ertificate Of Complia	nce/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (include) G9. BFE or (in Zone AO) depth of floodin Local Official's Name Community Name Signature Comments	uding basement) of the building:		ters (PR) Datum ters (PR) Datum	<del></del>
2005 29				☐ Check here if attachments